

REGISTRATION Form

City of Los Altos Recreation Department • 97 Hillview Avenue, Los Altos, California 94022

Head of Household Information PLEASE PRINT




LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	HOME PHONE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>		CELL PHONE	<input type="text"/>	
HOME ADDRESS	<input type="text"/>	CITY	<input type="text"/>	ZIP	<input type="text"/>
EMERGENCY CONTACT	<input type="text"/>			EMER. CON. PHONE	<input type="text"/>

READ & SIGN BELOW: Through this registration form, I hereby absolve the City of Los Altos, its employees & officers from all liability which may arise as the result of my participation in the activities listed below, and in the event that the below-named participant is a minor, I hereby give my permission for his/her participation as indicated & in so doing absolve the City of Los Altos, its employees & officers from such liability. In addition, I agree to allow use of my/our photograph for program publicity. I have read & understand the City of Los Altos Recreation Department refund policy. Furthermore, reservation of a place in a class or program does not constitute any form of guarantee by the City of Los Altos that the class or program will take place. The City of Los Altos reserves the right to cancel any program or class at any time for any reason, as its sole discretion. Money paid in advance for any class or program that is cancelled by the City of Los Altos will be refunded in full.

PARTICIPANT SIGNATURE (Parent or Guardian if under 18)	<input type="text"/>	DATE	<input type="text"/>
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If you have any special needs requiring specific accommodations for you to fully enjoy a class or facility, please contact us at info@losaltosca.gov

PARTICIPANT NAME (First & Last)	BIRTHDATE	M/F	CLASS CODE	CLASS DESCRIPTION	FEE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please circle T-shirt size for campers enrolled in Redwood Grove Day Camp, Camp Jelly Bean and Camp Shoup: Y Small Y Medium Y Large A Small					
TOTAL DUE:					<input type="text"/>

CREDIT CARD PAYMENT (check one): Visa MasterCard Discover	  
Cardholder Name: <input type="text"/>	
Card Number: <input type="text"/>	
Exp. Date: <input type="text"/>	
Signature: <input type="text"/>	
City of Los Altos Office Use Only: <input type="text"/>	

PAYMENT OPTIONS:

- Checks made payable to the City of Los Altos
- Visa, MasterCard or Discover credit cards
- Cash payments made in person (please do not mail cash)

REGISTRATION FORM RETURN OPTIONS:

- Email form to info@losaltosrecreation.org
- Mail form to 97 Hillview Ave, Los Altos, CA 94022
- Fax form to 947-2738
- Walk in to the Recreation Office at 97 Hillview Ave, Los Altos

All registration receipts will be emailed unless a stamped, self-addressed, envelope is included with form.